


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 143565-1
Applicant(s): Deldkers, et al.			
Application No. 10/798,183	Filing Date 03-11-2004	Examiner William K. Cheung	Group Art Unit 1713
Invention: BIOCIDAL COMPOSITIONS AND METHODS OF MAKING THEREOF			
RECEIVED CENTRAL FAX CENTER MAR 10 2006			
<p style="text-align: center;">Request for Continued Examination(1); Amendment Transmittal(1); Amendment(10); Certificate of Facsimile</p> <p>I hereby certify that this _____ (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. (571) 273-8300</p> <p>on <u>March 10, 2006</u> (Date)</p> <p style="text-align: right;">_____ Jackie Boya (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;"><i>Jackie Boya</i> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 143565-1	
Applicant(s): Dekkers, et al.					
Application No. 10/798,183	Filing Date 03-11-2004	Examiner William K. Cheung	Customer No. 23413	Group Art Unit 1713	Confirmation No. 5302
Invention: BIOCIDAL COMPOSITIONS AND METHODS OF MAKING THEREOF					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	21 -	22 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	2 -	5 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-3621 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
Karen A. LeCuyer, Ph.D. Registration No: 51,928 Customer No: 23413 Telephone No: (860) 286-2929			Dated: March 10, 2006		
cc:			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p>March 10, 2006 <u>Facel</u> (Date)</p><p style="text-align: center;"> Signature of Person Mailing Correspondence</p><p style="text-align: center;">Jackie Boya Typed or Printed Name of Person Mailing Correspondence</p></div>		